

## CLAIM FOR DAMAGES

### CITY OF WICHITA, KANSAS

This form is to be completed in its entirety. Return to the **City Clerk's Office, City Hall - 13th Floor, 455 North Main, Wichita, Kansas 67202.**

In the STATEMENT OF CIRCUMSTANCES SECTION, give all information available that will answer the questions of (1) how the incident/accident happened, (2) names of other people involved, and (3) the cause.

**Inquiries regarding the status of claim may be directed to the Law Department, 268-4681.**

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
(City) (State) (Zip Code)

Date of Accident **OR** Incident \_\_\_\_\_ Time of Accident **OR** Incident \_\_\_\_\_

Location of Accident **OR** Incident \_\_\_\_\_

Witnesses \_\_\_\_\_

Amount Claimed \$ \_\_\_\_\_ (Please itemize or attach estimate of damages or paid receipts)

**STATEMENT OF CIRCUMSTANCES:** \_\_\_\_\_

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I do hereby certify that the above amount is correct, reasonable and just, and that the amount claimed therein is due and unpaid.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Claimant